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# MULTIMEDIA UNIVERSITY

## FINAL EXAMINATION

TRIMESTER 3, 2017/2018

**PEN 0055 – ESSENTIAL ENGLISH**

(All sections / groups)

31 MAY 2018  
2:30 P.M. - 4:30 P.M.  
(2 Hours)

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### INSTRUCTIONS TO STUDENT

1. This Question Paper consists of **five** pages.
2. Answer **ALL** questions in **Sections A, B** and **C**.
3. Write all your answers in the Answer Booklet provided.

**SECTION A: READING AND VOCABULARY [26 MARKS]**

**Instructions:** Read the passage below and answer the questions that follow.

**Palliative Care: Living Well till the Very End**

- 1           What happens when a loved one or someone close to us is **diagnosed** with 1  
a life-threatening illness? Do we just wait until the symptoms of their disease  
manifest and render them incapable of living their normal lives or do we expect them  
to just lie in bed and wait to see if their primary treatments may triumph over the  
disease? That sounds like a depressing scenario, but no one chooses to be ill. Thus, 5  
during the duration of their illness, the least we can do as fellow humans is to provide  
them comfort in any way possible.
- 2           With the advancements in the medical field today, physicians can utilise  
their increased knowledge about diseases, symptoms and treatments to provide  
patients with a better quality of life and reduce their needless suffering. There is a 10  
term for this simple act of humanity, and it is called Palliative Care (PC). It is an  
approach that improves the quality of life of patients and their families facing the  
problems associated with life-threatening illnesses. Prevention and relief of suffering  
is carried out by means of early identification, assessment, treatment of pain and  
other physical, psychosocial and spiritual problems. 15
- 3           The first modern hospice, St Christopher's Hospice, was established in  
1967. Its founder, Dame Cicely Saunders, was a British-registered nurse during  
World War Two who went on to become a medical social worker to provide patients  
and their families with counselling and psychotherapy support. She strongly believed  
that patients needed compassionate care to help address their fears and concerns. Her 20  
views on medical palliative comfort to treat their physical symptoms were later  
solidified when she developed a relationship with a Jewish-Polish refugee afflicted  
with terminal cancer.
- 4           After the death of the refugee, she went on to pursue her medical degree  
and after qualifying as a physician, she obtained a research scholarship to study pain 25  
control in terminal illness and was allowed to put her ideas of PC into practice. Her  
successes in her research allowed her to help establish the St Christopher's Hospice  
and convince the world about the benefits of PC. She famously said, "The care of the  
dying demands all that we can do to enable patients to live until they die." Dame  
Saunders also introduced the clinical idea of 'total pain' into the medical community. 30  
Having sat by the bedsides of numerous dying patients during her career as a  
physician, she learned that pain and its severity were not just some simple process  
measured by the physical injury that caused them.
- 5           Explaining further the concept of total pain, Dr Winnie Ling, an oncologist  
and a committee member of the Malaysian Oncological Society (MOS), said, "The 35  
manifestation of pain is multi-factorial and can be caused by physical, social,  
psychological, or spiritual factors. Unresolved grief or issues can ultimately  
transform into pain, adding to the total pain experience of the patient. Hence, PC  
aims not only to treat pain arising from the symptoms of an illness but also pain  
patients might experience from an emotional or spiritual level." 40
- 6           In understanding this, it is important to note that PC is not a passive and  
conservative approach to managing the symptoms of a life-threatening or chronic  
illness. Instead, it is very intensive, second only to intensive care in terms of the level  
of care provided, because professionals involved in this subset of medicine are  
actively seeking and treating symptoms of a patient, be it breathlessness, 45

**Continued...**

immobility, confusion or anything troubling the patient. Care does not just stop at the patients but it is also for their families and loved ones as well. It is impossible to care for a sick patient day in and day out without feeling burnt out. PC recognises the burden and pain family members may carry as well and lends them the support and care they need to get through this difficult time in their lives.

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7 A common misconception about PC is that it is euthanasia: physician-assisted suicide. Dr Ling explains that PC is not euthanasia because it affirms life while euthanasia does not. "PC rejects the idea of euthanasia because its main objective is to relieve the symptoms of a patient with dosages of medication just enough to ease his or her pain. As for euthanasia, its main objective is to end the life of a patient by giving them dosages high enough to cause death. We do not aim to hasten death like euthanasia, instead we treat the pain a patient experiences so that they can live well till the very end," she asserts.

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8 Another common misconception is that PC is only for cancer patients. This is far from reality as multiple studies conducted around the world have found that patients with cardiovascular diseases were more likely to require PC instead. In Malaysia, reports from Hospice Malaysia, a non-government organisation, found that 43.83 per cent of patients that need PC were patients with cardiovascular diseases while only 32.71 per cent were patients with cancer.

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9 With a widespread and outdated mentality that PC is only for cancer patients, Dr Ling laments that *PC access is sorely inaccessible for patients with other types of life-threatening illnesses*. "This applies to children as well, since the study also found that children most in need of PC are the ones born with severe defects that are life threatening," she adds. What then can be done about this problem?

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10 According to Dr Ling, raising awareness on PC and its benefits would be one of the most effective ways as surveys conducted by Hospice Malaysia have shown that 90 per cent of its respondents are unaware of what PC is. After being given a brief introduction, 99 per cent showed support for it, while over 60 per cent felt it should be integrated into national healthcare systems.

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11 The main benefit of PC is an enhanced quality of life in the patients who receive it as they are able to get relief for their total pain experience through medication and support. It helps patients to understand their disease and chances of recovery better as PC teams are able to talk to and help them have a more realistic understanding of their prognosis. With a more accurate perception, patients are empowered to make better decisions about their goal treatment plans.

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12 Dr Ling strongly believes and actively advocates that access to good PC is basic human right. With four out of 10 Malaysian patients expected to be in need of PC, she believes all physicians should have basic PC skills and knowledge to help relieve the pain and suffering of their patients, and allow them to recognise the need to address emotional and spiritual issues at the end of their lives.

85

*Adapted from Lau, R. (2017, November 12). Palliative care: Living well till the very end. The Borneo Post. Retrieved from <http://www.theborneopost.com/2017/11/12/palliative-care-living-well-till-the-very-end/>*

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**Question 1: Contextual Clues (6 marks)**

**Instructions:** *Provide a word from the reading passage for each definition below.*

- |  |                |                        |
|--|----------------|------------------------|
| <b>Example:</b> identified nature of illness | (paragraph 1)  | <b>word:</b> diagnosed |
| a) relating to religious belief              | (paragraph 2)  |                        |
| b) grievously affected or troubled           | (paragraph 3)  |                        |
| c) in the end                                | (paragraph 5)  |                        |
| d) cause something to happen quickly         | (paragraph 7)  |                        |
| e) probable outcome of a disease             | (paragraph 11) |                        |
| f) publicly supports                         | (paragraph 12) |                        |

**Question 2: True or False (5 marks)**

**Instructions:** *For each statement, write (T) if the statement is true and (F) if the statement is false.*

- a) Palliative Care improves the lives and reduces the suffering of patients and their families.
- b) Dame Saunders' relationship with the Jewish-Polish refugee was the primary reason she set up St Christopher's Hospice.
- c) The concept of total pain states that pain includes more than physical illness.
- d) It is normal for caretakers to feel burnout when looking after patients.
- e) In Malaysia, Palliative Care caters more for patients with cardiovascular disease than patients with cancer.

**Question 3 : Comprehension Questions (15 marks)**

**Instructions:** *Answer the following questions.*

- a) In the first paragraph, what is the writer's message to the readers? (1 mark)
- b) Explain how Palliative Care (PC) prevents and relieves the suffering of patients. (2 marks)
- c) What was Dame Saunders' belief on patients' wellbeing? (2 marks)
- d) (i) Identify the two misconceptions of Palliative Care. (1 mark) (3 marks)  
(ii) State one reason to reject each misconception. (2 marks)
- e) Dr Ling regrets that *PC access is sorely inaccessible for patients with other types of life-threatening illnesses*. (line 66-67). Which type of patients did she refer to? (1 mark)

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- f) What are the findings from the survey conducted by Hospice Malaysia in raising awareness of Palliative Care? (3 marks)
- g) Identify the main idea of paragraph 11. (1 mark)
- h) Why did Dr Ling propose doctors to have basic Palliative Care skills and knowledge? (2 marks)

## SECTION B: GRAMMAR [10 MARKS]

**Instructions:** The following extract contains 10 errors in fragment, run-on and faulty parallelism. Identify these errors and correct them as shown in the example.

**Example:**

<u>No</u>	<u>Line</u>	<u>Error</u>	<u>Correction</u>
0	2	...and ethical...	...and ethics...

### Where Have our Manners Gone?

As the country's economy advances and society becomes more affluent, courtesy, values **and ethical** take a back seat. Despite our nation's progress, many Malaysians face decaying morals and poor courtesy. The negative behaviour syndrome which is reflected in road bullies, litterbugs, and people who break the law shows that we are far from being courteous. 1 5

Courtesy is polite behaviour where we show appreciation to other people. It is a sign of respect for others. These days, neglecting common courtesy can make a person arrogant, courtesy, respect, integrity, morals and ethics are not valued attributes any more. Our urban society has turned into selfish, self-centred and self-absorbed people. This could be attributed to the desire for materialistic things. Which has affected people's kindness and contributed to declining manners and courtesy in society. 10

Younger people tend to have lesser common courtesy. They are either not taught at home by their parents. Or are influenced by their peers, gadgets and social media. Mobile phones and other devices have made people better connected, they have undermined good manners and courtesy among people. It is common to see people texting, making calls and playing games while having meals with family or friends, watching movies or attend lectures. 15

In the workplace, courtesy and respect towards others should be standard behaviour. Regardless of role, rank or reputation. However, these values are shrinking. This is partly due to reliance on digital communication and less face-to-face interaction between managers and employees, this is worsened by stress faced by employees. 20

The time has also come for Malaysians to ask whether have done enough to ensure the success of the campaign to promote courtesy and noble values. The virtues of courtesy, politeness, patient, humility, tolerance and respect have yet to become our way of life. 25

*Adapted from Thye, L. L. (2016, August 14). Where have our manners gone? The Star. Retrieved from <https://www.nst.com.my/news/2016/08/165429/where-have-our-manners-gone>*

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**SECTION C: WRITING [24 MARKS]**

**Instructions:** *Write an essay of about 350 words on **ONE** of the topics below.*

- a) The youth of today will be the leaders of tomorrow. Write an exemplification essay on the qualities of a good leader.
- b) Many people seal their relationships legally with a marriage while others prefer to remain single. Discuss the differences between being married and being single.

**End of Paper**